

## APPENDIX E

### Montgomery Medical Records

Facility: CARSWELL FMC

## Medication Administration Record

August 2009

## Medication Orders

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ord. Date 07/17/09 12:37 Exp. Date 01/13/10 12:36 87577	MONTGOMERY, LISA 11072-031 Take one tablet by mouth at bedtime each day for depression ***pill line*** Lithium Carbonate ER 450 MG Tab		Kempke, C. (3) Refills		1800	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						
Ord. Date 08/21/09 13:07 Exp. Date 02/17/10 13:06 93265	MONTGOMERY, LISA 11072-031 Take one tablet by mouth at bedtime each day for confusion ***pill line*** Risperidone 1 MG Tab		Kempke, C. (5) Refills		1800	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						
Ord. Date 07/17/09 12:38 Exp. Date 01/13/10 12:37 87578	MONTGOMERY, LISA 11072-031 Take one capsule by mouth at bedtime each day for depression ***pill line*** Venlafaxine XR 24 Hour Cap 150 MG		Kempke, C. (3) Refills		1800	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						
Ord. Date Exp. Date Order	MONTGOMERY, LISA 11072-031		Kempke, C.																												
Ord. Date Exp. Date Order	MONTGOMERY, LISA 11072-031		Kempke, C.																												
Ord. Date Exp. Date Order	MONTGOMERY, LISA 11072-031		Kempke, C.																												

Documentation Codes: H - Hold; R - Refused; DC - Discontinued Order; S - Self Administered; NS - No Show; O - Other

DOB: 02/27/68

HT: \_\_\_\_\_

WT: 159.8

Allergies: No Known Allergies

Physician: Kempke, C.

Pt. Name: MONTGOMERY, LISA

Registration #: 11072-031

Unit: A01-114L

Facility: CARSWELL FMC

# Medication Administration Record

August 2009

Medication Orders			Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ord. Date	MONTGOMERY, LISA	Kempke, C.	1800	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
07/17/09	11072-031	(3) Refills																																	
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Exp. Date																																			
01/13/10																																			
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87577	Lithium Carbonate ER 450 MG Tab																																		
Ord. Date	MONTGOMERY, LISA	Kempke, C.	1800	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
08/21/09	11072-031	(5) Refills																																	
13:07	Take one tablet by mouth at bedtime each day for confusion ***pill line***																																		
Exp. Date																																			
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865	Risperidone 1 MG Tab																																		
Ord. Date	MONTGOMERY, LISA	Kempke, C.	1800	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
07/17/09	11072-031	(4) Refills																																	
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Time 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Documentation Codes: H - Hold; R - Refused; DC - Discontinued Order; S - Self Administered; NS - No Show; O - Other

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Allergies: No Known Allergies

Physician: Kempke, C.

Pt. Name: MONTGOMERY, LISA

Registration #: 11072-031

Unit: A01-114L

Facility: CARSWELL FMC

## Medication Administration Record

August 2009

### Medication Orders

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Documentation Codes: H - Hold; R - Refused; DC - Discontinued Order; S - Self Administered; NS - No Show; O - Other

DOB: 02/27/68

HT:

WT: 159.8

Allergies: No Known Allergies

Physician: Kempke, C.

Pt. Name: MONTGOMERY, LISA

Registration #: 11072-031

Unit: S01-071L

### Medication Orders

## August 2009

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Ord. Date 03/26/09 14:35	MONTGOMERY, LISA 11072-031		Russell, Kenneth (4) Refills		(PRN)																												
Exp. Date 09/22/09 14:34	shake well & Inhale 2 puffs by mouth every four hours as needed for wheezing																																
69993	Albuterol Inhaler HFA (8.5 GM) 90mcg																																
Ord. Date 03/26/09 14:35	MONTGOMERY, LISA 11072-031		Russell, Kenneth (9) Refills		0600 (PRN)																												
Exp. Date 09/22/09 14:34	Take one tablet by mouth three times daily as needed pain				1200 (PRN)																												
4	Ibuprofen 800 MG Tab				1800 (PRN)		3/5																										
Ord. Date 03/26/09 14:35	MONTGOMERY, LISA 11072-031		Russell, Kenneth																														
Exp. Date																																	
Order																																	
Ord. Date 03/26/09 14:35	MONTGOMERY, LISA 11072-031		Russell, Kenneth																														
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HT:

Allergies: No Known Allergies

Pl. Name: MONTGOMERY, LISA

Registration #: 11072-031

Unit: S01-071L

This Mental Health Screening is a multistage instrument designed to assist with the identification of inmates' mental health diagnosis and treatment needs while in a restricted housing setting. This protocol is administered initially and an abbreviated protocol is used for subsequent anniversaries.

The first three sections of the tool are performed in every administration and include Records Review, Behavioral Observation, and Clinical Interview. If diagnostic questions persist following the Clinical Interview, the fourth section, Objective Psychological Testing is conducted.

The results of this assessment are documented in a Diagnostic and Care Level Formulation in PDS with the completed protocol linked to the note as an attachment.

The goals of the protocol are as follows:

- Engage inmates in a collaborative process with psychology staff to build rapport identify problems, and determine appropriate interventions, if necessary
- Conduct a thorough diagnostic assessment
- Document a diagnosis, a brief conceptualization, a mental health care level, and recommendations for type, frequency, and intensity of care in the Diagnosis and Care Level Formulation Note in PDS

### Records Review

This portion of the review is conducted as a component of each evaluation. It examines historical and recent markers of mental illness in the record. It can be conducted by a psychology technician or secretary.

## Review of PDS

Were any of the following conducted in the last six months?

Suicide Risk Assessment

Yes

How Many

1

Crisis Intervention Contact

No

Suicide Risk Management Plan/Safety Plan

No

Disruptive Behavior Intervention

No

Restraints Review

No

What is the inmate's mental health care level?

2

Does the inmate have a mental health diagnosis? Yes

What is the current MH Diagnosis?

Posttraumatic Stress Disorder

Personality Disorder Unspecified

Is the inmate on psychotropic medication?

Yes

Medication

Consistent  
30 days

Risperidone 1mg

Yes

Fluoxetine 20mg

Yes

Amitriptyline 25mg

Yes

## Review of Sentry

How many incident reports were received in the last six months?

0

Is cognitive impairment, mental illness or suicide attempt noted on the PPG0? Yes

*\* Attach the family,  
mental health,  
education, and  
substance abuse  
sections from the PSR.*



**Behavioral Observation**

This portion of the review is a component of each evaluation and examines behavioral markers of mental illness. It requires a brief interview and observation of the inmate in his or her living space, which is conducted by a psychologist at the cell door followed by a discussion with custody staff who work in the restrictive housing unit.

Is the inmate's personal hygiene or cell sanitation significantly below average?	<input type="text" value="No"/>
Is the inmate sometimes confused about person, place, or date/time?	<input type="text" value="No"/>
Does the inmate sleep normally and appear rested?	<input type="text" value="Yes"/>
Is there anything noteworthy about the inmate's appetite or eating habits?	<input type="text" value="No"/>
Does the inmate ever appear agitated?	<input type="text" value="Yes"/>
Does the inmate sleep normally and appear rested?	<input type="text" value="Yes"/>
Is speech pressured or is there a poverty of speech?	<input type="text" value="No"/>
Are thoughts tangential, confused, or paranoid?	<input type="text" value="No"/>
Are emotions blunted or inappropriate to the content of speech?	<input type="text" value="No"/>
Do staff observations suggest possible mental health concerns?	<input type="text" value="No"/>

### Clinical Interview

This portion of the review is conducted with all inmates. It uses rapport building, clinical questioning, and behavioral observations to determine whether an inmate has a current mental health diagnosis and to determine the frequency and intensity of care required. It is conducted in a private room by a psychologist and may last for one or two sessions.

## SOCIAL BACKGROUND:

### Spouse/Primary Partner:

Do you have a spouse or primary partner?

Yes

How often do you interact?

Regularly

What is the status of the relationship(s)?

Good

How do you communicate?

☒ Telephone

☒ Mail

☒ E-Mail

☒ Visits

Notes:

Ms. Montgomery has been married for 17 years and is in regular contact with her spouse.

### Children:

Do you have children?

Yes

Number of Children

4

Add Child

Interaction Frequency Relationship Status Communication Method

Regularly

Good

☒ Visits

☒ Telephone

☒ Mail

☒ E-Mail

-

Regularly

Good

☒ Visits

☒ Telephone

☒ Mail

☒ E-Mail

-

Regularly

Good

☐ Visits

☒ Telephone

☒ Mail

☒ E-Mail

-

Regularly

Good

☐ Visits

☒ Telephone

☒ Mail

☒ E-Mail

-

Notes:

Ms. Montgomery also has nine grandchildren with whom she has regular contact.

### Parents/Childhood

Is your mother living?

No

Is your father living?

Yes

What is the status of your relationship with your father?

Good

#### Notes:

Ms. Montgomery did not have a relationship with her mother after Ms. Montgomery's arrest. Additionally, she reported she did not have a relationship with her father until she was arrested for her crime and since has had a good relationship with him.

Any significant issues in childhood?

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Exposure to Mental Illness | <input checked="" type="checkbox"/> Sexual Abuse                | <input checked="" type="checkbox"/> Emotional Abuse |
| <input checked="" type="checkbox"/> Neglect                    | <input type="checkbox"/> Extreme Poverty                        | <input checked="" type="checkbox"/> Physical Abuse  |
| <input checked="" type="checkbox"/> Exposure to Criminality    | <input checked="" type="checkbox"/> Exposure to Substance Abuse | <input type="checkbox"/> None                       |
| <input type="checkbox"/> Other                                 |   |   |

#### Notes:

Ms. Montgomery was sexually abused as a child, as well as experienced emotional and physical abuse along with neglect. She reported a history of "instability," stating she went to 13 different schools in four different states while she was growing up. She said her stepfather was an alcoholic and sold stolen guns (exposure to criminality). Furthermore, she reported she has cousins diagnosed with Schizophrenia.

## CRIMINALITY:

### Current Offense:

What is your current offense:

"Kidnapping resulting in death."

In your opinion, why are you in prison?

"I am in prison because what I did was wrong. It was a series of events that led to one bad day."

What is the total amount of time you have spent in prison?

Nine and one half years in prison with three and one half years in a detention center prior to sentencing.

Notes:

"I am afraid of what will happen when I am the only inmate left in this facility. The numbers are dwindling. I know that solitary confinement is not good for me."

### Substance Abuse:

Have you abused alcohol or drugs?

Yes

Are you interested in substance abuse treatment?

No

Notes:

Ms. Montgomery reported she abused alcohol until she was 30 years old and when she met her second husband she stopped drinking because she "felt [she] didn't need it anymore." She reported her brothers are addicted to methamphetamines and her sisters are alcoholics.

### Physical Health:

Do you have any serious illnesses?

Yes

Have you ever hit your head or been knocked unconscious?

Yes

Notes:

Ms. Montgomery reported she has heart and thyroid problems that require daily medication. Additionally, she reported a history of head trauma for which she had a PET scan and an MRI. She reported a history of five concussions from physical abuse, two car wrecks, and a trampoline accident as a child.

## Mental Health:

### Mental Health Treatment History:

Have you received mental health treatment in the past?

Yes

What type of treatment? ☐ Self Help ☒ Outpatient Counseling ☐ Inpatient Treatment ☐ Medications

#### Notes:

Ms. Montgomery stated she went to counseling when she was 16 years old for her sexual abuse history.

What problems diagnosis have you received for treatment for in the past?

☒ Mood Disorder ☐ Anxiety Disorder ☐ Psychotic Disorder  
☐ Developmental/Learning Disability ☒ Personality Disorder ☒ Other

PTSD

#### Notes:

Ms. Montgomery believes she was diagnosed with Bipolar Disorder and "severe" depression prior to her incarceration

## Current Symptoms:

Which of the current symptoms are you currently experiencing?

☒ Depression ☒ Trouble Sleeping ☐ Anger/Irritability  
☐ Hallucinations/Delusions ☐ Mood Swings ☒ Nightmares  
☐ Agitation ☐ Impulsivity ☒ Anxiety/Tension  
☐ Trouble Understanding, concentrating, or remembering ☐ Other(s)

Are you presently taking any psychotropic medications?

Yes

What psychotropic medications are you taking?

Medications

Taken regularly as prescribed

Prozac

Yes

Resperdol

Yes

Amitriptoline

Yes

### Self Harm History:

Have you experienced thoughts of suicide in the past?

Yes

Have you ever engaged in intentional acts of self-harm?

Yes

Have you ever attempted suicide?

Yes

Are you currently experiencing thoughts of suicide?

No

#### Notes:

Ms. Montgomery reported a history of two suicide attempts by overdose since her incarceration and a history of suicide attempt by overdose when she was 16 years old. Additionally, she reported she has a history of cutting her wrists when she was in her 20s. She reported her last suicide attempt scared her because she came very close to dying and realized how it would hurt her kids and husband. She has more hope now to live because of her new attorneys.

### Mental Illness:

Have you ever participated in mental health treatment before?

Yes

Are you interested in mental health treatment?

Yes

#### Notes:

Ms. Montgomery is a CARE2-MH and is seen by her primary clinician per CARE2-MH assignment.

## PERSONAL GOALS

How do you feel about your placement in restrictive housing?

Ms. Montgomery reported feeling frustrated with her restrictive housing placement. She said she was in general population during pre-trial and was even housed with pregnant women. She believes her sentence is the only reason she is in restrictive housing. She said she may even feel safer in general population because she has "been beat up" while in restrictive housing and not when in general population. Additionally, she said she is fearful it will become solitary confinement as she is the only inmate required for life to be in the ADMIN unit. She said "I see it getting worse because people will leave and I am not leaving. I'd have to do all the jobs."

How do you spend your time in restrictive housing?

Ms. Montgomery reported she walks a lot, does yoga, elliptical machines, and step class. She also does crafts (tatting, quilling, and knitting), reads a lot, and writes letters to people. She added she helps with recreation and ACE classes, and took a paralegal course.

What would help you manage your time in restrictive housing? Discuss relevant programs and interventions.

Ms. Montgomery said additionally programming would help manage the time in restrictive housing but there "are not enough people" for programming. Additionally, she said having an outdoor rec area with grass or a garden would get her to go outside. She reported she has not been outside in a long time.

What are your personal goals?

Ms. Montgomery stated she does not have any personal goals except to work with her new attorneys.

What would help you achieve your goals?

"Nothing."



**Objective Psychological Testing**

This portion of the review is conducted only if a clear diagnosis cannot be determined through the previous procedures. It involves administration and interpretation of objective assessment measures by a psychologist, to determine a mental health diagnosis and the frequency and intensity of care required.

**The following tests were administered to assist in refining the diagnosis:**

**Personality Inventories**

- ☐ MMPI-2RF
- ☐ MCMI-III
- ☐ PAI

**Intellectual and Cognitive Assessments**

- ☐ WAIS-IV Short (Form or Standard)
- ☐ KBIT
- ☐ SILS (Shipley)
- ☐ MMSE

**Malingering Assessment**

- ☐ SIRS
- ☐ M-FAST

**Other**

## PART B. DEFENDANT'S CRIMINAL HISTORY

### Juvenile Adjudication(s)

29. None.

### Adult Criminal Conviction(s)

30. None.

## PART C. OFFENDER CHARACTERISTICS

### Personal and Family Data

31. The defendant was born Lisa Marie Hedberg on February 27, 1968, in Fort Lewis, Washington. She was the only child born to John Hedberg (now Patterson) and Judy Shaughnessy. The two were together for only a short period of time. The defendant indicated that she was raised by her mother, who married and divorced numerous times when the defendant was a youth. Various stepfathers were involved in the defendant's formative years. As noted at trial, the defendant was sexually abused by one of these stepfathers. The defendant and her family changed residences numerous times throughout her youth and adulthood. She has resided in numerous cities within the states of Kansas, Colorado, Oklahoma, Arkansas, California, Texas, and New Mexico.

32. The following is a summary of the defendant's family members.

Father - John Patterson, age 65, resides in Marysville, Washington. According to the defendant, her father was John Hedberg until he had his name legally changed to John Patterson. He is retired from employment at Safeway. The defendant had no contact with her father since the age of 2 or 3 until the prosecution for the instant offense. She indicated that presently, the two write often.

Mother - Judy Shaughnessy, age 60, resides in Elk City, Kansas.

Half sister - Diane Mattingly, age 44, was born to the defendant's father and another relationship. She resides in Lebanon, Kentucky, and is employed with social and rehabilitative services for the state of Kentucky.

Half sister - Patty Baldwin, age 37, was born of the defendant's mother and another relationship. She resides in Topeka, Kansas, and is employed as a hairstylist.

Half brother - Teddy Kleiner, age 34, was born of the defendant's mother and another relationship. He is currently on parole after serving a custody sentence within the Kansas Department of Corrections for a drug-related felony. Kleiner is a user of methamphetamine

Half sister - Jerri Leonard, age 33, was born of the defendant's mother and another relationship. She resides in Topeka, Kansas, and is employed as a nurse.

Half sister - Mary Katze, age 33, was born of the defendant's father and another relationship. She resides in Germany.

Half sister - Genevive Patterson, age 30, was born of the defendant's father and another relationship. She resides in Augusta, Georgia, and is employed as a rehabilitation therapist at the Veteran's Administration Hospital.

Half brother - Tommy Kleiner, age 29, was born of the defendant's mother and another relationship. He is currently serving a sentence for assault within the Kansas Department of Corrections.

33. The defendant has married three times (twice to the same man) and divorced twice (both times with the same man). She has four children and one grandchild.
34. The defendant's first marriage was to Carl Bowman. The two were married in Oklahoma in 1986 and divorced in 1993. The two remarried one another in 1994 and were again divorced in 1998. Born to the union were four children. Desiree N. Boman, age 21, resides in Dewey, Oklahoma, and is employed as a bank teller. Chelsea L. Veal, age 19, resides in Dewey, Oklahoma, and is in the National Guard. Carl J. Boman, II, age 18, resides in Dewey, Oklahoma, and is a high school senior. Kayla D. Boman, age 17, resides in Dewey, Oklahoma, and is a high school senior. Kayla is the mother of a 10-month old child, Malachi.
35. The defendant married Kevin Montgomery, age 47, in March 2000, in Coffey County, Kansas. No children were born to this relationship which remains intact.

#### Physical Condition

36. The defendant is 5' 5" tall and weighs 165 pounds. She has brown hair and green eyes. She has two tattoos. On the defendant's left hand is a heart. On her back she has a flower.
37. Montgomery described her overall health as good, although she does suffer from migraine headaches. While incarcerated, the migraine headaches have been treated with the prescription medication, valproic acid. The defendant describes a history of two head injuries. One occurred during a car accident and the other from a trampoline accident.

Neither was thought to be serious. It should also be noted that she does wear contacts to correct near-sightedness.

#### Mental and Emotional Health

38. The defendant indicated that beginning at the age of 12 years old she was physically and sexually abused by her stepfather. Then at the age of 14, she attempted suicide by overdosing. The defendant underwent some counseling at that time. The defendant also reported attending counseling for a short period of time in the year 2000. She has indicated that she has experienced times throughout her life when she felt suicidal. During her time at CCA she has been diagnosed with bipolar disorder and has, at times, been on suicide watch.
39. As the Court is aware, the defendant underwent several evaluations by mental health professionals in preparation for trial given the question of the defendant's mental health at the time of the crime. During the trial, the Court heard testimony from both the government's and the defendant's mental health experts. Shown below are the opinions of these experts briefly summarized from their clinical reports. The defendant offered the opinions of psychiatrist, Dr. William S. Logan; psychologist, Dr. Ruth Kuncel; and professor of neurosciences, Dr. V.S. Ramachandran. The government offered the opinions of psychiatrist, Dr. Park Dietz, and psychologist, Dr. Daniel Martell.
40. Dr. William Logan performed a psychiatric evaluation of the defendant. He classified the defendant with the following Axis I diagnoses: Post-traumatic Stress Disorder, Chronic, beginning with prolonged sexual abuse and physical abuse in adolescence by her stepfather; Major Depressive Disorder, Recurrent, severe without psychotic features without full interepisode recovery - depression has at times included psychotic features such as hallucinations; Somatoform Disorder, NOS - Pseudocyesis. He further applied the Axis II diagnosis of Personality Disorder, NOS with borderline and dependant features. Dr. Logan stated that in light of the defendant's psychological fragility from multiple causes including some damage to brain structures responsible for controlling impulses and integrating events, that she decompensated and as a result of a mental disease or defect to the point that she was substantially unable to appreciate the full nature, quality, or wrongfulness of her acts at the time of the death and abduction. It was his opinion that the defendant's reported pregnancies were not intentionally produced to deceive others, but were the result of her Somatoform Disorder, Pseudocyesis. Like some other mental disorders including Anorexia Nervosa and Conversion Disorders, Pseudocyesis results in the distortion of one's belief about their own body that are resistant to external realities.
41. Dr. Ruth Kuncel performed a psychological evaluation of the defendant. The defendant consented to numerous psychological tests. She presented her opinion that the testing indicated severe psychopathology. She classified the defendant with the following diagnoses: Post-traumatic Stress Disorder, chronic; Major Depressive Disorder, recurrent,

(currently) severe without psychotic features, without full interepisode recovery (by history, at times severe with psychotic features); Generalized Anxiety Disorder; and Dependant Personality Disorder with Borderline Features. Dr. Kuncel further stated that she also observed psychological symptoms consistent with the somatoform disorder, pseudocyesis. However, since such a diagnosis draws heavily upon medical expertise, she deferred to the physicians in this case to offer formal diagnosis.

42. Dr. V.S. Ramachandran performed an evaluation of the defendant. Dr. Ramachandran stated that the damage to the defendant's right parietal lobes is significant clinically. Damage in this area can make the person extremely prone to delusion, dissociation and denial. Within Dr. Ramachandran's opinion, he stated his belief that the defendant suffered from pseudocyesis and associated delusional states and within a reasonable degree of medical certainty she would have lacked the capacity to "appreciate the nature and quality or wrongfulness of her act." He further stated that the defendant suffered from post-traumatic stress disorder which could have predisposed her to the pseudocyesis and dissociative states. Additionally, he found no evidence that she was malingering her symptoms.
43. Dr. Park Dietz performed a psychiatric evaluation of the defendant. He concluded that the defendant has a personality disorder with borderline and antisocial features. This maladaptive pattern of relating to the world is not a mental disease or defect and does not affect her ability to appreciate the nature and quality or wrongfulness of her acts. Her borderline features include impulsivity (e.g. sexual behavior, empty threats), recurrent suicidal behavior, affective instability, and frequent displays of anger. Her antisocial features include repeatedly performing acts that are grounds for arrest (e.g. throwing things at people), deceitfulness (repeated lying and use of aliases), impulsivity and failure to plan ahead (moving, walking off jobs), irritability and aggressiveness, reckless disregard for safety of self and others (car crashes she caused, not using restraints for herself or the children in the car), consistent irresponsibility (writing bad checks, not paying bills when money was available, neglecting her children), and lack of remorse (blaming others for her own misconduct). Dr. Dietz further concluded that the defendant did not suffer from pseudocyesis during the months leading up to the homicide or at the time of the homicide, but rather was malingering pregnancy (purposely lying to people about being pregnant when she knew she was not.) It was his opinion that the defendant was entirely capable of appreciating that she was engaged in a lengthy and elaborate plan designed to kill Stinnett at a stage of advance pregnancy, to successfully conduct a Caesarian section on her first attempt, and to kidnap a healthy infant that she could present to the world as her own. Lastly, Dr. Dietz did conclude that the defendant suffered from sexual-abuse-related Post-Traumatic Stress Disorder.
44. Dr. Daniel Martell conducted a forensic neuropsychological evaluation. In summary, Dr. Martell found nothing in her testing which was indicative of brain dysfunction or impulsivity. He concluded by stating that of the objective psychodiagnostic testing that the defendant chose to answer in a valid manner, there is evidence consistent with diagnoses of Post-traumatic Stress Disorder and depression. Both Dr. Dietz and Dr. Martell testified that in their opinion, the defendant was malingering mental illness.

45. While the defendant has been held in the custody of the U.S. Marshals Service at CCA, she has been treated by staff psychiatrist, Dr. Linda McCandless. The defendant was diagnosed with Bipolar Disorder NOS (not otherwise specified) and Psychotic Disorder NOS. The defendant was prescribed bupropion HCL (150 mg daily), Depakote (125 mg daily), and amitriptyline (50-75 mg daily).

#### Substance Abuse

46. The defendant stated that while she was a teenager, she experimented with marijuana. Additionally, she tried a hallucinogenic and cocaine once. She did not have ongoing usage of either substance. The defendant acknowledged that from 1994 through 1998, she used alcohol excessively. She has seldom used alcohol since that time. Montgomery indicated that she has never undergone any form of substance abuse treatment.

#### Education and Vocational Skills

47. The defendant graduated from Cleveland High School in Cleveland, Oklahoma, on May 23, 1986. She earned a 3.24 (4.0 scale) grade point average. Montgomery also attended Roger's State College in Claremore, Oklahoma, in the summer semester of 1985, completing an American history course. In the fall of 1993, the defendant completed an introduction to sociology course at Tulsa Community College in Tulsa, Oklahoma.

#### Employment Record

48. The defendant reported various part-time employments which were service related.
49. From 1999 through the date of arrest, she was employed part-time with Judy Moore at JMCO in Topeka, Kansas, selling Greyhound bus tickets. She earned \$7.50 an hour.
50. The defendant was employed, part-time, from September 3, 2003, through November 20, 2004, at Casey's General Store in Lyndon, Kansas.
51. From January 2004 through November 2004, Montgomery worked part-time at Wendy's fast food restaurant, earning \$6 an hour. Such was verified by the restaurant.
52. Prior employments included working as a clerk at gas stations, a security officer, and working for a newspaper.

#### Financial Condition: Ability to Pay

53. Given the defendant's financial situation, she was appointed counsel in this case. She reported little assets and liabilities including credit card debt and outstanding medical bills. It does not appear that the defendant could address a fine. Additionally, given her status, it is unlikely that she would be able to qualify for any form of employment while in the Bureau of Prisons.